INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

Docket Number (Optional)	Application Number				
17291	10/724,812				
Applicant(s)					
Applicant(s) Tsutomu Okada					
Filing Date	Group Art Unit				
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					Filing Date Group Art Unit December 1, 2003			3734			
U.S. PATENT DOCUMENTS											
*EXAMINER INITIAL	REF		DOCUMENT NUMBER	DATE		NAME	CLASS	SUBCLASS	FILING IF APPRO		
				U.S. PATEN	T APPLICA	ATION PUBLICATIONS					
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				FORE	IGN PATE	NT DOCUMENTS					
	REF	9-140306 8-47360		DATE		COUNTRY	CLASS	SUBCLASS	Translation YES NO		
				6/3/1997	Japan						
				2/20/1996	Japan						
				OTHER I	OCUMEN	TS (Including Author	r, Title, Date, Po	ertinent Pages, Et	c.)		
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EXAMINE	R: Init	ial if ci	tation considered, whether	or not citation is in	conforman	ce with MPEP Section 609: 1	Draw line throu	gh citation if not	in conform	ance and	

EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP Section 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT Docket No. (Under 37 CFR 1.97(d)) 17291 In Re Application Of: Tsutomu Okada Application No. Filing Date Examiner Customer No. Group Art Unit Confirmation No. 10/724,812 December 1, 2003 Diane D. Yabut 23389 3734 5537 Title: MUCOSA EXCISION DEVICE USING ENDOSCOPE Address to: **Commissioner for Patents** The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(c), and on or before payment of the issue fee, and is accompanied by the Statement as specified in 37 CFR 1.97(e) and the fee set forth in 37 CFR 1.17(p). A check in the amount of is attached. The Director is hereby authorized to charge and credit Deposit Account No. 191013 as described below. Charge the amount of \$180.00 X Credit any overpayment. Charge any additional fee required. X Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Certificate of Transmission by Facsimile* Certificate of Mailing by First Class Mail I hereby certify that this correspondence is being deposited I certify that this document and authorization to charge deposit with the United States Postal Service with sufficient postage account is being facsimile transmitted to the United States as first class mail in an envelope adefessed to Patent and Trademark Office "Commissioner for Patents, P.O. Box 1450 Alexandria, VA (Fax no. 22313-1450" [37 CFR 1.8(a)] on (Date) (Date) Signature of Person Mailing Correspondence Signature Typed or Printed Name of Person Signing Certificate Typed or Printed Name of Person Mailing Certificate *This certificate may only be used if paying by deposit account. Dated: June 26, 2009 /Thomas Spinelli/ Signature **Thomas Spinelli** Registration No.: 39,533